

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	(1)			/		
4	(1)			/		
5	(1)			/		
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TOTAL IND.			/			
TOTAL DEP.		↔	+	↔		↔
TOTAL CLAIMS			5			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			/			
TOTAL DEP.		↔	+	↔		↔
TOTAL CLAIMS			5			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY